

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sala

District of _____

Town of Winkelman

or mailing address _____

City of Feldman

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 213

County Registrar No. _____

Local Registrar No. 1

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hester Bettyphoo Dixon } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Jan 22 1925
Month day year

8. FATHER
Full name James Fred Dixon
9. Residence Feldman
(Usual place of abode)
If nonresident, give place and state Arizona

14. MOTHER
Full maiden name Belle Buzan
15. Residence Feldman
(Usual place of abode)
If nonresident, give place and state Ariz.

10. Color or race White
11. Age at last birthday 42 (Years)

16. Color or race White
17. Age at last birthday 24 (Years)

12. Birthplace (city or place)
(State or country) Feldman
Ariz.

18. Birthplace (city or place)
(State or country) Mammoth
Ariz.

13. Occupation Farmer
Nature of industry _____

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from supplemental report _____
Month, day, year. _____
Signature Charles H. Roberts, M.D.
(Physician or midwife)
Address Raydon Arizona
Filed Jan 27 1925
Local Registrar. M. Roberts

Registrar.

Filed _____, 19____

County Registrar.

845-122-225